

Pediatric High-Tech Nursing Program REFERRAL FORM

Directions: A Medical Provider (MD, NP, or PA) must complete this **ENTIRE** form and fax to 802-863-6344. *You are encouraged to attach additional clinical information. You may be contacted if more information is needed.* **Questions?** Call CSHN at (800) 660-4427

PROGRAM ELIGIBILITY CRITERIA – The child must meet all of the below:

- ☐ Have Vermont Medicaid,
- ☐ Be a Vermont resident residing in-state,
- ☐ Be less than 21 years old,
- ☐ Require more individual and continuous skilled nursing care than can be provided in a skilled nurse visit,
- ☐ Require care outside the scope of services provided by a Home Health Aid/PCA, and
- ☐ Have at least two caregivers available to provide care at home who are able to accommodate the necessary medical equipment and personnel needed to safely care for the child/adolescent.

CHILD'S INFORMATION

Full Name			Parent/Guardian Name(s)		
Primary Diagnosis				ICD-10 Code	Date of Diagnosis
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Age	Date of Birth	Medicaid ID No.	Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language:	
Home Address					
City			State VT	Zip	Phone
Mailing Address, if different					

REFERRING PROVIDER INFORMATION

Full Name	Medicaid Provider#	Practice Care Coordinator Name	
Practice Name & Address			
City	State	Zip	Phone

LEVEL OF CARE – The following information does not guarantee services.

- Which of the following characterizes this child's risk for hospitalization:
- ☐ Currently hospitalized
 - ☐ Little or no risk of hospitalization
 - ☐ Multiple hospitalizations in the past 12 months (2 or more inpatient admissions)
 - ☐ Increased risk due to chronic fragile state
- Which description best fits this child's overall status? This child is...
- ☐ Stable with no heightened risk(s) for serious complication and death
 - ☐ Temporarily facing high health risks but is likely to return to being stable without heightened risk(s) for serious complications and death
 - ☐ Likely to remain in fragile health and have ongoing high risk(s) of serious complications and death
- Needs:** ☐ mechanical ventilation ☐ airway clearance ☐ IV administration ☐ observation and intervention
- Anticipated Duration:** ☐ <3 months ☐ 3-6 months ☐ 6-12 months ☐ >12 months
- Equipment:** ☐ mechanical ventilator ☐ PICC/central line ☐ peripheral line ☐ enteral tube ☐ suction

MD/NP/PA Signature	Date	FOR VDH USE ONLY Date Received Initials
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